



EMPLOYMENT APPLICATION

Last Name

First Name

Middle Name/Initial

Social Security Number

Street and Number

City

County

State

Zip

Phone

Can your education and/or employment records be verified using the above name and social security number?

Yes _____ No _____

If no, list other name(s): _____

Name, address and phone number of person who will know where you may be contacted:

Phone

Please follow these general instructions:

1. Read the Examination/Position Announcement and be sure you meet, **with or without reasonable accommodation**, the "QUALIFICATIONS" listed.
2. Answer all questions and complete all spaces on the application.
3. Submit all transcripts and documents at the time of application.

Position(s) applied for: _____

How did you learn of the examination/position? _____

Have you previously been employed by McLean County? Yes _____ No _____

If yes, from _____ to _____ Department _____

Are you at least eighteen (18) years of age? Yes _____ No _____

Are you a U.S. citizen or an alien legally authorized to work in the United States? Yes _____ No _____

On what basis are you available for employment? (Check any or all that apply)

Full time _____ Part-time _____ Summer _____ Temporary _____

Are you available for:

Weekends and Holidays	Yes _____	No _____
Rotating Shifts	Yes _____	No _____
On Call	Yes _____	No _____

Shift Preference (check any or all that apply): Days _____ Evenings _____ Nights _____

Date available for work ____/____/____ Rate of pay expected \$ _____ per hour.

1. Have you ever been discharged or asked to resign from employment? Yes _____ No _____
2. Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____
3. Do you object to an inquiry of your present employer in regard to your ability to work with others, work record, qualifications or abilities? Yes _____ No _____ If yes, explain: _____

IF YOU HAVE ANSWERED "YES" TO ANY OF THE LAST THREE QUESTIONS, please give specifics on a separate sheet.
A "yes" answer does not automatically disqualify you from employment.

Answer the four questions below if they are essential functions of the job for which you are applying.

1. Do you possess a valid Driver's License? Yes _____ No _____ N/A _____
2. Do you possess a valid Commercial Drivers License Yes _____ No _____ N/A _____
3. Can you produce typed material (typewriter, computer, other)? Yes _____ No _____ N/A _____
4. Can you take notes verbatim (word for word) at a reasonable speed? Yes _____ No _____ N/A _____

List any in-service training, instruction courses or programs you have completed: _____

List any special information as to your work record you may deem of value: _____

Are there any other experiences, skills or qualifications that you feel would especially fit you for work with McLean County and/or the position for which you are applying? _____

If license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following:

Name of trade or profession: _____ License Number: _____

Granted By: _____ City and/or State of: _____

Specialty: _____ Licensed From: _____ To: _____

EDUCATION	Name and Location	Years Completed	Diploma/Degree	Course of Study
High School		9 10 11 12		
College		1 2 3 4		
Graduate / Professional		1 2 3 4		
Trade School		1 2 3 4		

Describe your extra-curricular activities (e.g. professional/student organizations, leisure activities, civic, etc...):

EMPLOYMENT EXPERIENCE

Start with your present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

1. Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	Work Performed:
	Starting:	
Telephone	Final:	
Job Title	Supervisor	
Reason for Leaving		

2. Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	Work Performed:
	Starting:	
Telephone	Final:	
Job Title	Supervisor	
Reason for Leaving		

3. Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	Work Performed:
	Starting:	
Telephone	Final:	
Job Title	Supervisor	
Reason for Leaving		

4. Employer	Dates Employed	
	From	To
Address	Hourly Rate/Salary	Work Performed:
	Starting:	
Telephone	Final:	
Job Title	Supervisor	
Reason for Leaving		

REFERENCES

List three business/work references who are not related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

1.	<hr/>		
	Name	Relationship	Years Aquainted
	<hr/>		()
	Address		Phone
2.	<hr/>		
	Name	Relationship	Years Aquainted
	<hr/>		()
	Address		Phone
3.	<hr/>		
	Name	Relationship	Years Aquainted
	<hr/>		()
	Address		Phone

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge

I authorize McLean County to make such investigations and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the County.

Signature of Applicant

Date

NOTE: If you are applying for a position with the following departments, you will need to complete a form for purposes of a background investigation. Please ask for one of these forms.

**CIRCUIT CLERK
COURT SERVICES
FACILITIES MANAGEMENT
PARKS AND RECREATION
METRO McLEAN COUNTY COMBINED COMMUNICATIONS CENTER (METCOM)**

**SHERIFF'S DEPARTMENT
STATE'S ATTORNEY'S OFFICE
PUBLIC DEFENDER
INFORMATION TECHNOLOGIES**

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Application reviewed by:

Name Date

Name Date

Name Date

Name Date

Name Date

Name Date

PERMISSION FOR SECURITY CHECK

I understand that I will have to successfully pass a background investigation, which may include inquiries to the McLean County Sheriff's Department and the Illinois State Police. Due to the nature of some position, a polygraph test may also be required. I hereby give my permission to the McLean County Government to conduct such an investigation.

Signature of Applicant

Date

Please Print

Full name: _____

List any other names under which your employment and/or education can be verified (including maiden names, etc.)

Date of Birth: _____ Social Security Number _____

Driver's License # _____

Sex: _____ Male _____ Female